Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.lowa.gov/ethics



Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

FORM-GB

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

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IS - Cherokee Mental Health Institute		
e of Department or Office West Cedar Loop	Cherokee, Iowa 51012	
ng Address	Clty, State, Zip Code	
225 2594 Code & Telephone No.		
TACT PERSON FOR RECIPIENT DEPARTMENT	T OR OFFICE:	
elyn Matheny		
ne		
ing Address (if different from above)	City, State, Zip (If different from above)	
then@dhs.state,ia.us .	Area Code & Telephone Number (if different from above)	
all Address	Area Code & Telephone Number (it different norm accord)	
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ing Address City, State, Zip Coo		
	Date of Gift or Bequest Amount/Value*	
a Code & Telephone Number	"value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	
all Address (optional)		
ovide a description of the gift or bequest and purpose the	ereof:	
arge bag of used clothing.		
iteria to use this form:		
	rtment of the state or received by the Governor on hehalf of the state.	
coupt of any gift of bequest that is received by only expa	,	
ement of Affirmation:		
telyn Matheny	reported above is accurate. I further affirm that the information concerning the donor and and true to the best of my knowledge	